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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		e instructions)	V		Office use only
NAME OF COMMITTEE (in	(Check it is change		ple: If typying, type he lines	12FE4M5	
I COMMITTEE	FOR STRATEGIC CHANG	iĘ , , , , ,			
		rive Southwest			
ADDRESS (number and	d street)				
X (Check if add	ress				
is changed)	Olympia			L WA	98512   -
		CITY▲		STATE	ZIP CODE 📥
COMMITTEE'S E-MA	AIL ADDRESS utions@comcast.net				1
pimoipiedoon					<del></del>
COMMITTEE'S WEE	B PAGE ADDRESS (URL)				
COMMITTEE'S FAX 3609439213	NUMBER				
2. DATE M.1.2	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	6 Y			
3. FEC IDENTIFIC	ATION NUMBER	C C00	105621	]	
4. IS THIS STATE	MENT NEW (N)	OR X	AMENDED (A)		
I certify that I have exam	nined this Statement and to the bes	st of my knowledge and	belief it is true, correct an	d complete	
Type or Print Name of	f Treasurer Mr. Thor	nas S Dooley			
,					
Signature of Treasure	er Electronically Filed by M	r. Thomas S Do	bley	Date 12 <sup>M</sup>	05 2006
NOTE: Submission of fa	alse, erroneous, or incomplete infor		e person signing this State	·	es of 2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(Mational, State (In this committee is a committee of the	Democratic, epublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee.	und or party
6.	Name of Any Connected Organization or Affiliated Committee	
l	None	<b>.</b>
1		
	Mailing Address	
	CITY STATE A	ZIP CODE 🛦
	Relationship None	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	ition
	Membership Organization Trade Association Cooperative	

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۷	Vrite or Type Comm		TEGIC CHANGE		
7.	Custodian of Re	ecords: Ide	ntify by name, address, (phone numbooks and records.	per optional), and position o	f the person in
	Full Name	Mr. Tho	mas S Dooley		
	Mailing Address		4229 Park Drive South	west	
			Olympia	WA	98512 _
	Title or Position •	<b>∀</b>	CITY A	STATE <b>▲</b>	ZIP CODE A
		President		Telephone number	943 9213
8.	Treasurer: Lis name and add Full Name of Treasurer Mailing Address	ress of any o	and address (phone number option designated agent (e.g., assistant treatmas S Dooley  4229 Park Drive South	asurer).	mittee; and the
			Olympia	WA	98512
	Title or Position •	₹	CITY A	STATE▲	ZIP CODE ▲
		President		Telephone number 360	
	Full Name of Designated Agent				
	Mailing Address				
					=
	Title or Position •	♥	CITY A	STATE ▲	ZIP CODE A

Telephone number

_	FEC Form	/20	03)	13)													Pa																						
9.	Banks or Other I							l ba	nks	s or	oth	ner	de	pos	sito	ries	in	wh	iich	the	e co	omr	nitt	ee d	dep	osi	ts f	unc	ls,	holo	ds	acc	our	ıts,	rer	nts			
	Name of Bank, Do	eposi	tory,	etc.																																			
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	Mailing Address					ı							1						1		1	1		1		1					ı		1		1	1	1	1	, 1
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